

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2n

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: ..

October 1, 1999

MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) RESERVED

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) for dates of service on or after **October 1, 1999**, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- (4) Effective for dates of service on or after **October 1, 1999**, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Effective Extensions of the benefit limit will be provided if medically necessary. Prior authorization is required.

STATE <u>Arkansas</u>	A
DATE REC'D <u>8-3-99</u>	
DATE APP'D <u>9-27-99</u>	
DATE EFF <u>10-1-99</u>	
HCFA 179 <u>99-14</u>	

SUPERSEDES: TN - 98-22

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SERVICES PROVIDED

Revised: .. October 1, 1999

MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.
(Continued)

(15) Physical Therapy and Related Services (Continued)

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.
- (3) Effective for dates of service on or after **October 1, 1999**, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **October 1, 1999**, individual and group occupational therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of benefit limit will be provided if medically necessary. Prior authorization is required.

c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

- (1) Speech language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Speech pathology services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- (3) Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One (1) unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **October 1, 1999**, individual and group speech language pathology services are limited to four (4) units per day. One unit equals 15 minutes. Extension of the benefit limit will be provided if medically necessary. Prior authorization is required.

Individuals residing in hospitals and nursing care facilities are not eligible for occupational therapy, physical therapy and speech pathology services under the optional therapy program. These services are included as part of the institutional package of services.

Individuals residing in residential care facilities and supervised living facilities are eligible for these therapy services when provided on or off site from the facility.

STATE <u>Arkansas</u>	A
DATE REC'D <u>8-3-99</u>	
DATE APP'VD <u>7-27-99</u>	
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HCFA 179 <u>99-14</u>	

SUPERSEDED: TN 98-22

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: June 1, 1998

MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(16) Dental Services

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Procedures which may be provided to recipients in the Child Health Services (EPSDT) Program without prior authorization are:
 - a. Initial radiographs taken in conjunction with preparation of a treatment plan.
 - b. Prophylaxis and topical flouride for children in the Child Health Services (EPSDT) Program.
 - c. Emergency treatment. One visit without prior authorization is payable for any emergency. Procedures payable without prior authorization when provided as emergency care include:
 1. All necessary radiographs.
 2. Extraction of up to three teeth for relief of pain or acute infections.
 3. Control of bleeding.
 4. Treatment for relief of pain resulting from injuries to the oral cavity or related services.
 5. Emergency services provided to patients in hospitals or long term care facilities.

All other procedures require prior authorization from the Medical Assistance Section. A full mouth radiograph is limited to once every five years, except under unusual circumstances, (e.g. traumatic accident). **Initial oral exam, prophylaxis, flouride treatment, bite-wing X-rays and scaling are limited to one per state fiscal year (July 1 through June 30). This benefit may be extended if documentation verifies medical necessity. Periapical X-rays are limited to four (4) per recall visit.**

STATE <u>Arkansas</u>	A
DATE REC'D <u>May 20, 1998</u>	
DATE APP'D <u>July 24, 1998</u>	
DATE EFF <u>JUNE 1, 1998</u>	
HCFA 179 <u>98-07</u>	

SUPERSEDES: TN • 91-59

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

June 1, 2000

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners

1. Licensed Certified Social Worker (LCSW)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed certified social worker (LCSW) who has a Master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education (CSWE). The LCSW must be State licensed and certified to practice as a Licensed Certified Social Worker (LCSW) in the State of Arkansas and in good standing with the Arkansas Social Work Licensing Board.
- c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LCSW services are:

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STATE	DATE REC'D	DATE APP'D	DATE EFF	HCFA 179
Arkansas	05-31-00	07-06-00	06-01-00	00-06

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session
5. Marital/Family Therapy
6. Individual Outpatient - Group Therapy
7. Group Outpatient - Group Therapy

2. Licensed Professional Counselors (LPC)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed professional counselor (LPC) who must possess a Master's degree in mental health counseling from an accredited college or university. The LPC must be licensed as a Licensed Professional Counselor and be in good standing with the Arkansas Board of Examiners in Counseling.
- c. A referral must be made by a Medicaid enrolled physician documenting medical necessity. Covered outpatient LPC services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session
5. Marital/Family Therapy
6. Individual Outpatient - Group Therapy
7. Group Outpatient - Group Therapy

SUPERSEDES: NONE - NEW PAGE

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners (Continued)

3. Licensed Marriage and Family Therapist (LMFT)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.
- c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session
 5. Marital/Family Therapy
 6. Individual Outpatient - Group Therapy
 7. Group Outpatient - Group Therapy

22. Medical Supplies

1. MIC-KEY Skin Level Gastrostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000 MIC-KEY Skin Level Gastrostomy Tube and Supplies are covered for Medicaid eligible recipients under age 21. Services require prior authorization. The MIC-KEY kit is limited to two (2) per State Fiscal Year. Benefit extensions will be considered on a case by case basis based on medical necessity.

STATE	Arkansas	A
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DATE APPV'D	08-31-00	
DATE EFF	09-01-00	
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Revised: December 1, 1999

MEDICALLY NEEDED

4.c. Family Planning

- (1) Comprehensive family planning services are limited to an original examination and up to three follow-up visits annually. This limit is based on the State Fiscal Year (July 1 through June 30).

5. a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere

- (1) Physicians' services in a physician's office, patient's home or nursing home are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

The benefit limit will be considered in conjunction with the benefit limit established for rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist and **certified nurse midwife services**. Recipients will be allowed twelve (12) visits per State Fiscal Year for physicians' services, medical services provided by a dentist, rural health clinic services, office medical services furnished by an optometrist, **certified nurse midwife services** or a combination of the **five**. For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, **certified nurse midwife services** or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited

The extension of benefits described above will be handled in the following manner:

The following diagnoses are considered to be categorically medically necessary and do not require prior authorization for medical necessity: Malignant neoplasm (code range 140.0 through 208.91); HIV infection (code range 042.0 through 044.9) and renal failure (code range 584.5 through 586). All other diagnoses are subject to prior authorization before benefits can be extended.

- (2) Each attending physician/dentist is limited to billing one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered.

STATE <u>Arkansas</u>	A
DATE REC'D <u>10-26-99</u>	
DATE APP'D <u>10-29-99</u>	
DATE EFF <u>12-1-99</u>	
HCFA 179 <u>98-20</u>	

SUPERSEDES: TN - 9809

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SERVICES PROVIDED

July 1, 1998

MEDICALLY NEEDY

5. a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere (continued)

- (3) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (4) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (5) Organ transplants are covered as described in Attachment 3.1-E.
- (6) Consultations are limited to two (2) per recipient per year in a physician's office, patient's home, hospital or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit described in Item 5.(1). Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
- (7) Effective for dates of service on or after September 15, 1995, interactive consultations (telemedicine) are limited to two (2) per recipient. This yearly limit is based on the State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be considered for eligible recipients of all ages.
- (8) Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

5. b. Medical and surgical services furnished by a dentist (in accordance with Section 1905 (a)(5)(B) of the Act).

Medical services furnished by a dentist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

STATE <u>Arkansas</u>	A
DATE REC'D <u>5-18-98</u>	
DATE APP'VD <u>10-29-99</u>	
DATE EFF <u>7-1-98</u>	
HCFA 179 <u>98-09</u>	

SUPERSEDES: TN - Attachment 3.1-B, page 2s,
Item 5.a. (6), (7) and (8)
Approved 10-26-95, TN 95-23

ok

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December 1, 1999

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5. b. Medical and surgical services furnished by a dentist (in accordance with Section 1905 (a)(5)(B) of the Act)
(continued)

The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, rural health clinic services, office medical services furnished by an optometrist and **certified nurse midwife services**. Recipients will be allowed twelve (12) visits per State Fiscal Year for medical services furnished by a dentist, physicians' services, rural health clinic services, office medical services furnished by an optometrist, **certified nurse midwife services** or a combination of the **five**. For physician services, medical services provided by a dentist, office medical services furnished by an optometrist, **certified nurse midwife services** or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Surgical services furnished by a dentist are not benefit limited.

STATE <u>Arkansas</u>	A
DATE REC'D <u>10-20-99</u>	
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HCFA 179 <u>98-20</u>	

SUPERSEDES: TN - 98-09

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Revised: December 1, 1991

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. **Podiatrists' Services**

Services are limited to two (2) visits per State Fiscal Year (July 1 through June 30). The benefit limit for State Fiscal Year 1992 will be calculated beginning with services provided on or after December 1, 1991. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

b. **Optometrists' Services**

Examination of eyes and provision of glasses and/or contact lens and other diagnostic screening, preventive and rehabilitative services and treatment of conditions found for eligible persons. The following limits are imposed:

- (1) One eye exam every twelve (12) months for eligible recipients 21 years of age and older.

STATE <u>Arkansas</u>		A
DATE RECD	<u>DEC 30 1991</u>	
DATE APPVD	<u>NOV 09 1993</u>	
DATE EFF	<u>DEC 01 1991</u>	
HCEA 179	<u>91-59</u>	

Superseded: TN 91-28

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

b. Optometrists' Services (Continued)

- (2) One eye exam every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
- (3) Office medical services provided by an optometrist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30). The benefit limit will be in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and **certified nurse midwife**. Recipients will be allowed twelve (12) visits per State Fiscal Year for office medical services furnished by an optometrist, medical services furnished by a dentist, physicians' services, rural health clinic services, **certified nurse midwife** or a combination of the **five**. For physicians' services, office medical services furnished by an optometrist, medical services furnished by a dentist, **certified nurse midwife** or rural health clinic core services beyond the twelve (12) visit limit, extensions will be provided if medically necessary. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

c. Chiropractors' Services

- (1) Services are limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HHS under Title XVIII.
- (2) Services are limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized by the State to perform.
- (3) Effective for dates of service on or after July 1, 1996, chiropractic services will be limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for eligible Medicaid recipients age 21 and older. Services provided to recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited. Chiropractic services require a referral by the recipient's primary care physician (PCP).

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DATE Rec'd	<u>10-26-99</u>
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